

Foster Family Home - Corrective Action Report

Provider ID: 1-618796

Home Name: Luzviminda Dela Cruz, CNA

Review ID: 1-618796-5

94-479 Hoaeae Street

Reviewer: Carrie Wakai

Waipahu

HI 96797

Begin Date: 12/18/2017

End Date: 12-18-2017

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1-Home visit made for a decrease from 3 person to 2 person CCFFH recertification survey. Home was in compliance with all requirements. Home will receive a 2 year 2 bed certificate.

Carrie Wakai
Compliance Manager

12-18-17
Date

Luzviminda Dela Cruz
Primary Care Giver

12/18/17
Date